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# UNITED NATIONS POPULATION FUND
# PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Brazil

| | |
|---|---|
| Proposed UNFPA assistance: | $9.0 million, $8.0 million from regular resources and $1.0 million from multi-bilateral and/or other, including regular, resources |
| Programme period: | 4 years (1998-2001) |
| Cycle of assistance | Second |
| Category per decision 96/15: | B |

Proposed assistance by core programme areas (in millions of $):

| | Regular resources | Other | Total |
|---|---|---|---|
| Reproductive health | 5.2 | 1.0 | 6.2 |
| Population & development strategies | 2.2 | - | 2.2 |
| Programme coordination and assistance | 0.6 | - | 0.6 |
| *Total* | 8.0 | 1.0 | 9.0 |

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BRAZIL

## INDICATORS RELATED TO ICPD GOALS*

| | | Thresholds* |
|---|---|---|
| Births attended by health professional (%)[1] | 73.0 | ≥60 |
| Contraceptive prevalence rate (15-44) (%)[2] | 66.0 | ≥55 |
| Access to basic health services (%)[3] | (--) | ≥60 |
| Infant mortality rate (/1000)[4] | 58.0 | ≤50 |
| Maternal mortality rate (/100,000)[5] | 200.0 | ≤100 |
| Gross female enrolment rate at primary level (%)[6] | 76.7 | ≥75 |
| Adult female literacy rate(%)[7] | 80.1 | ≥50 |

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children 1995.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

## *Demographic Facts*

| | | | |
|---|---|---|---|
| *Population (000) in 1995* | *159,015* | *Annual population growth rate (%)* | *1.24* |
| *Population in year 2000 (000)* | *169,202* | *Urban* | *1.97* |
| *Sex ratio (/100 females)* | *98.1* | *Rural* | *-1.64* |
| *Per cent urban* | *79* | *Crude birth rate (/1000)* | *19.6* |
| *Age distribution (%)* | | *Crude death rate (/1000)* | *7.1* |
| *Ages 0-14* | *31.6* | *Net migration rate (/1000)* | *0.0* |
| *Youth (15-24)* | *19.8* | *Total fertility rate (/woman)* | *2.17* |
| *Ages 60+* | *7.1* | *Life expectancy at birth (years)* | |
| *Percentage of women aged 15-49* | *54.5* | *Males* | *63.4* |
| *Median age (years)* | *24.2* | *Females* | *71.2* |
| *Population density (/sq. km.)* | *19* | *Both sexes* | *67.1* |
| | | *GNP per capita (U.S. dollars, 1994)* | *3,370* |

*Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.*

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2001 to assist the Government of Brazil in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $9.0 million, of which $8.0 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $1.0 million from multi-bilateral sources, government cost-sharing funds and/or regular resources, to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This will be UNFPA's second cycle of assistance to Brazil.

2. The proposed programme was developed in full cooperation with the Government and in accordance with national population policies as defined by the National Commission on Population and Development. It takes into account the recommendations of a Programme Review and Strategy Development (PRSD) mission conducted in April 1997. The proposed programme is anchored in certain general principles defined by the National Commission on Population and Development: (a) respect for fundamental human rights with special attention to issues of gender, racial and ethnic origins, sexual orientation, generational status and migratory conditions; and (b) the indivisibility of population and development.

3. The proposed programme seeks to contribute to the improvement in the quality of and access to reproductive health services in Brazil, with emphasis on assistance to reproductive health programmes in selected northeastern states chosen on the basis of poverty indicators, unmet reproductive health needs and absorptive capacity. It also aims at reducing unwanted pregnancies and abortion among Brazilian adolescents by promoting responsible sexual behaviour and access to reproductive health services among adolescents. In addition, the programme seeks to strengthen the country's capacity to integrate population factors into the design and implementation of social policies and programmes. The programme will also support integrated activities to consolidate political support for reproductive health and gender programmes in regional governments and to mobilize support at the community level for quality reproductive health services.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Beginning in 1994, Brazil initiated a process of decentralization of authority from the central Government to the states and municipalities. Economic stability was also attained in 1994 after several decades of high inflation and constant devaluation. This stability is benefiting the general population, but the modernization of the economy has contributed to structural un- and underemployment in certain sectors and regions and a worsening of an already inequitable income distribution. Studies indicate that 17.4 per cent of the population live below the poverty line.

6. Brazil is classified as a category "B" country according to UNFPA's new approach for resource allocation, having met five of the indicators related to ICPD goals. However, the data disguise the fact that Brazil is characterized by wide polarities in its demographic and reproductive health indicators. Maternal and infant mortality rates are nearly three times higher in the northeast region (250 per 100,000 live births and 75 per 1,000 live births, respectively) than in the south and southeast. National statistics indicate that the population growth rate has dropped from 2.9 per cent a year in the period 1950-1960 to 1.3 per cent at present. A 1996 demographic and health survey indicated that the total fertility rate dropped from 3.5 in 1986 to 2.5 in 1996, but was 3.1 in the northeast region and 3.5 in rural areas. Studies indicate the existence of a large number of unwanted pregnancies, even in urban areas. In northeast Brazil, 55 per cent of all births in the last five years were classified as "high risk".

7. According to the 1996 demographic and health survey, an estimated 77 per cent of women in union are using contraceptives, including 70 per cent who use modern methods; in northeastern Brazil the numbers were lower -- 68 per cent and 62 per cent, respectively. The unmet need for contraceptives among women in union is estimated at 13 per cent nationwide. Of women using contraception, 52 per cent have been sterilized and 27 per cent are using oral pills; in northeastern Brazil, 64 per cent and 18 per cent, respectively. Caesarean deliveries increased from 31 per cent to 36 per cent during the period 1986-1996, one of the highest rates in the world. It is estimated that about 1.4 million abortions are carried out every year, approximately one for every two live births. Hospitalization for abortion-related consequences increased from 175,000 in 1984 to 285,000 in 1993. Recent studies indicate that fertility rates among the 15-19 year age group have been increasing. Approximately 28 per cent of pregnant women who use the public health services are adolescents. Brazil has the second highest number of reported AIDS cases in the world, and it is estimated that 500,000 Brazilians are infected with HIV.

8. The educational system, which is fully decentralized to the state and local authorities, suffers from problems of quality and equity. The combination of these factors with economic need results in high repetition and drop-out rates. Only 41 per cent of students complete the fifth grade and 34

per cent reach the eighth grade. The situation is generally the same for males and females, with an average number of school years of 3.8 and 3.5, respectively, with 35 per cent of women having less than three years of schooling. In general, equality between men and women was reaffirmed in the Federal Constitution of 1988. The Constitution specifically recognizes equal responsibility for family affairs, as well as the right to family planning information and services. This concept was subsequently expanded to include reproductive and sexual rights through the efforts of women's organizations. However, only 30 per cent of women are economically active, and their income in many sectors is only 50 per cent of that earned by men. In northeast Brazil, 58 per cent of all workers received less than the minimum wage of approximately $100 per month. Finally, social and cultural change is producing phenomena such as the feminization of poverty, increased rates of marital separation and divorce and a growing number of families headed by women.

Previous UNFPA assistance

9. UNFPA began activities in Brazil in 1973. During the period prior to 1992, UNFPA provided $20 million to individual projects, 85 per cent of which was to support the maternal and child health (MCH) programme of the Ministry of Health. Support was provided for the training of health professionals and the purchase of contraceptives. The first country programme, for the period 1992-1997, was for $12 million from UNFPA regular resources. The objectives of the programme were to help to reduce maternal and child morbidity and mortality rates, strengthen family planning services, reduce unwanted pregnancies, improve the Government's technical capacity for demographic analysis and enhance the status of women. Although the northeastern region had been targeted as a priority for UNFPA's assistance, only 25 per cent of resources were destined to projects in that region (specifically in the state of Ceara). The decentralization process was not advanced enough to allow for greater collaboration with state governments, which had limited decision-making and implementation capacity at the time. While the objectives addressed relevant issues, they were unrealistic as regards the impact that UNFPA assistance could make. The lengthy project development phase and the relatively slow pace of implementation highlighted the limited absorptive capacity of both the Government and non-governmental organizations (NGOs). Institutional strengthening will therefore be a major concern of the proposed programme. At present, the decentralization process is at an advanced stage; the increased implementation capacity of state governments should allow for stronger collaboration at the local level.

10. Activities during the first half of the previous programme, from 1992 to 1994, were aimed at helping the Government to prepare for the ICPD, developing support for population goals among the general public and NGOs, and strengthening the relationship between NGOs and the Government. NGOs played an important role in setting up programmes at the national level that incorporate reproductive health approaches. They were particularly effective in lobbying for

supportive legislation on many social issues, and they have become a productive partner for UNFPA in these areas. The UNFPA programme assisted the NGOs to form networks around different issues, which increased the effectiveness of their efforts. The proposed programme will continue to support these networks and will encourage the creation of new ones.

11. Programme activities in the area of demographic studies and training were successful in increasing the number of trained officials and in producing local-level data and projections that normally would not have been available until much later. At the same time, the results confirmed the continuing difficulty of incorporating population variables into the planning process, especially at the state and local levels. This applied particularly to the identification and utilization of gender-sensitive data. The need for institutional strengthening has increased with the decentralization of government authority to state and local institutions, which are often not properly equipped to assume this responsibility. As UNFPA is practically the only institution providing support to population and development strategies, it can play an important role in generating information, providing training and assisting in policy formulation. Support to NGOs has helped to expand the networks of population specialists and institutions that will continue to play an important role in providing the Government with information and suggestions for productive activities.

12. The support provided to the Ministry of Health has had mixed results. Efforts to support the Ministry in operationalizing the Women's Integrated Health Care Programme and in providing guidance and norms to the states have had limited success. Because of the Ministry's low implementation capacity, assistance in the area of reproductive health was highly focused on the supply of contraceptives. Efforts to broaden the variety of regularly available contraceptives did not achieve their goal. In the future, such assistance will be provided directly to the state governments so that they can develop their own programmes. Similarly, it is felt that the need to increase the limited attention given to men and adolescents by the current programmes will be better addressed at local levels.

13. Population and sex education continue to be weak. However, activities currently being carried out by the Ministry of Education offer an opportunity to incorporate population education and gender concerns in the norms and curricula currently being established. IEC and advocacy activities executed by the state governments and NGOs have incorporated gender concerns. Advocacy activities have been successful in generating support to avert measures to restrict the scope of reproductive health programmes. Although much has been done, increased coordination is still required among institutions and groups that deal with gender issues. This is particularly important in the reproductive health area, where more attention is given to service delivery than to education and where insufficient attention is given to adolescent and male concerns. There is also a need to carry out sensitization efforts to such influential segments of society as the judiciary and the media.

Other external assistance

14. Cooperation for development in Brazil comes principally from the World Bank and the Inter-American Development Bank (IDB). A new four-year project with these institutions will provide a $650 million credit to strengthen the National Integrated Health System. The World Bank also provides large-scale support to the national programme to prevent sexually transmitted diseases (STDs), including HIV/AIDS, which emphasizes information, education and communication (IEC) activities and the treatment of women. The IDB is preparing a programme, expected to begin in 1998, to work to reduce infant mortality rates.

15. Other cooperation in Brazil in these fields is very limited and is restricted to MCH activities. Larger reproductive health concerns are not addressed and, apart from some private international foundations, there is no support for the integration of population and development strategies. UNFPA is the only multilateral institution providing technical and financial support for those concerns, either through the Government or NGOs. The United States Agency for International Development (USAID) works almost exclusively with NGOs, supporting limited reproductive health activities in the states of Ceara and Bahia. These are due to be phased out by the year 2000. USAID has also provided limited support to the national AIDS and STD prevention programmes, although the continuation of these activities is currently under review. The Japanese International Cooperation Agency (JICA) has recently begun a five-year pilot MCH project in five (out of 184) municipalities in Ceara. JICA also provides limited assistance to a pilot project for public health in three municipalities in the state of Pernambuco.

16. The International Planned Parenthood Federation (IPPF) provides declining assistance to its national affiliate, which is the leading family planning NGO in the country. Within the United Nations system, UNICEF, the Pan-American Health Organization (PAHO) and UNFPA provide support to the Government and to NGOs to implement the Safe Motherhood Initiative. UNFPA-supported activities in the northeastern states, particularly for training courses and IEC activities, are closely coordinated with the UNICEF programme, which also operates in the same area. PAHO provides support for reproductive health courses organized by the training institutions run by the Ministry of Health. Close coordination is maintained with UNIFEM, which provides technical assistance to UNFPA for projects and activities within its area of concern. A United Nations Interagency Task Force provides overall guidance on gender activities carried out by the individual agencies.

Proposed programme

17. The UNFPA programme will contribute to the goal of reducing individual inequities in reproductive rights and reproductive health status and will support the Government's objectives of reducing the country's overall maternal mortality rate to 85 per 100,000 live births and the infant mortality rate to 23 per 1,000 live births, being the two ICPD goals not yet attained. The UNFPA programme will assist in reaching these goals by concentrating its financial and technical support in several northeastern states in which indicators are worse than the national averages. Although no specific government programmes have been defined nor have specific public-sector resources been identified, the national and, especially, the state governments are undertaking a number of initiatives designed to reduce the number of abortions and caesarean sections, provide improved training for health personnel in reproductive health skills, strengthen breast-feeding and nutrition programmes, increase prenatal care and provide support for contraceptive methods that do not require surgical procedures.

18. As the level of funding available for Brazil is very limited, especially considering the size of the country and the large volume of national resources available for social sector needs, UNFPA, in consultation with the Government, has decided to prioritize its support in a few selected northeastern states, with appropriate assistance to the central Government in areas in which reinforcement is required. The purposes of the UNFPA programme are: (a) to contribute to improving the quality of and access to reproductive health services in selected states; (b) to contribute to reducing unwanted pregnancies and abortions, especially among adolescents, in selected states; (c) to increase the national capacity to integrate population factors into the design and implementation of social policies and programmes.

19. Two subprogrammes will be developed, one in the area of reproductive health and one for population and development strategies. During the formulation of these subprogrammes, indicators will be developed for use in monitoring their progress. For the reproductive health subprogramme, indicators would include increased availability, quality and use of the reproductive health services in the public system, a reduction in the medical complications arising from abortions, increased use of recently introduced contraceptives, reduction in unmet need for all contraceptives, existence of adolescent-oriented health and counseling services and more active promotion of community health by municipal health councils. The population and development strategies subprogramme is expected to result in an increased use of socio-demographic data in local planning, increased availability of trained personnel in the selected states and a more supportive treatment of population issues among decision makers, journalists and the private sector.

20. Reproductive health. The reproductive health subprogramme will deliver the following outputs in the selected geographical areas where programme activities will be carried out: (a) better functioning of reproductive health programmes; and (b) safer adolescent sexual behaviour and better access to adolescent-oriented services.

21. In order to deliver these outputs, the subprogramme will focus on providing assistance to the selected states to improve their technical, supervisory and training capacities to support the service programmes of municipalities. In order to support initiatives of the state governments to reduce maternal mortality, 10 per cent of the municipalities throughout the selected states will be chosen to serve as service delivery models and training centres for surrounding areas. Support will be provided to the Municipal Health Councils to enable them to monitor the programmes and to carry out IEC activities to promote preventive measures to improve reproductive health and to prevent the spread of STDs and HIV/AIDS. Actions to promote gender and racial equity, both in education and in the provision of services, will also be pursued, as will activities designed to increase male involvement in promoting reproductive health. Emphasis will be on institutional strengthening and on efforts to make the activities sustainable over time. Training activities will include contents focusing on respect for reproductive rights, gender sensitivity and managerial and operational issues.

22. As these activities will require support from the national level, technical assistance will be provided to the Ministry of Health to review and update existing programmes and norms in order to contribute to a more comprehensive reproductive health approach. Support will be provided to carry out studies and to prepare the necessary norms for the utilization of additional contraceptive methods, as well as to assist the state governments in developing training materials for health personnel to counsel potential users. IEC activities will be supported, particularly through NGOs, to increase the demand for these alternative methods. Institutional and technical support will also be provided to NGOs so that they can serve as effective advocates for comprehensive reproductive health programmes.

23. In addition to the above, specific strategies for the reduction of adolescent pregnancies in the selected northeastern states include the promotion of sex education programmes in the formal school system, support for adolescent-oriented training activities for out-of-school youth through labour organizations and community groups, and assisting NGO networks in carrying out counseling and advocacy activities. Technical assistance will be provided to the Ministry of Education to incorporate population education and gender concerns in the curriculum parameters that are being prepared for national distribution and that will serve as models for the individual states to adapt.

24. Population and development strategies. The population and development subprogramme is designed to deliver the following outputs: (a) improved access to socio-demographic data at the local

level and improved technical capacity to utilize such data in the formulation of social policies and programmes, with special emphasis on gathering information to better identify target populations for social programmes that will impact on the national objectives of reducing maternal and infant mortality rates; and (b) increased awareness of and support for population and development issues at all levels of government.

25. In order to deliver the first output, the subprogramme will support the creation of mechanisms at the national level that allow for the diffusion of data that are more user-friendly and accessible to less specialized readers. The subprogramme will also provide assistance to improve personnel training in those regions where the shortage of trained human resources is greatest, namely the north, northeast and centre-west regions, given the limited resources or agencies devoted to the upgrading of staff for decentralization in those regions. It will also assist in locating gaps in the available information required to identify target populations for social programmes that will impact on the national objectives of reduced maternal and infant mortality rates. In particular, it will identify the information needs regarding causes of maternal mortality by groups and areas, adolescents and their specific problems, the most deprived groups of the population, and gender issues. The UNFPA programme would concentrate on activities to assist the efforts of national and local institutions to achieve self-sufficiency and sustainability. Much of the technical support to the less advanced states will be provided by states with greater capabilities in these areas.

26. The subprogrammes will be accompanied by integrated activities to consolidate political support for reproductive health and gender programmes in regional governments and to mobilize support at the community level for quality reproductive health services. In order to increase awareness, support will be provided for setting up or strengthening national and regional networks to undertake advocacy in favour of population issues, including reproductive health, particularly directed to such influential groups as parliamentarians and the judiciary. Efforts will be made to involve the private sector in these activities. Training courses will be provided to journalists to help them understand population concerns better. Particular emphasis will be given to strengthening coordination and cooperation among United Nations agencies in implementing the recommendations of recent international conferences, including ICPD.

27. In order to make the Brazilian experience and capacity available to other countries, institutions with relevant capacities in the areas of reproductive health and population and development strategies will be identified, as well as the particular support they can provide. The programme will assist the Government in establishing contact with other interested institutions or governments. Emphasis will be put on ensuring the sustainability of these activities.

Implementation, monitoring, evaluation and coordination

28. The programme will be nationally executed, under the coordination of the Brazilian Cooperation Agency, which is the focal point for official international cooperation. Implementation will be divided among the national Government, the state governments that have been selected on the basis of need and absorptive capacity, and the networks of NGOs. The existing advisory committee for project approval, implementation and monitoring of UNFPA activities, made up of representatives from the Government, NGOs and UNFPA, will continue to oversee the approval, implementation and monitoring of programme activities.

29. The UNFPA field office will have the overall responsibility for the management of the programme. It consists of a Representative, two national programme officers and four assistants, in addition to temporary, project-related personnel. Project funds would be used to support a limited number of posts in the national executing agencies, as well as one national professional project personnel post to be placed in the northeastern states to assist in carrying out the supervisory, monitoring and evaluation tasks of the projects. Technical cooperation will be provided with the assistance of the UNFPA Country Support Team for Latin America. Close communication will be maintained with executing organizations to strengthen inter-institutional and intersectoral coordination. Monitoring and evaluation of compliance with programme objectives will be based on quantitative and qualitative indicators formulated on the basis of the outputs mentioned above. A mid-term review will be held in late 1999, and a final evaluation will take place in late 2001.

Recommendation

30. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to the Government of Brazil as presented, in the amount of $9.0 million over the period 1998-2001, $8.0 million of which would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of $1.0 million would be sought from multi-bilateral sources, government cost-sharing funds and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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